

TEST ID: 6 PTO  
09/526177

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	LL	68904	3/23/00
O.I.P.E. CLASSIFIER		59	327
FORMALITY REVIEW	DML	69169	5/18/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	1/26/00
Original	1/23/00
1	1/23/00
2	1/23/00
3	1/23/00
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Claim	Date
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If more than 150 claims or 10 actions  
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